



U.S. Army MEDCOM **Pain Management Initiative:**

Pain Task Force Overview, Findings, & Recommendations

Pain Management Campaign Plan Overview

COL Patricia Lillis-Hearne
Army Pain Management Task Force



- **Why a Task Force for pain?.....What's the problem?**
- **Task Force Findings/Recommendations**
- **Way Ahead**
- **Your Role in Optimizing Pain Management**



Bottom Line

A six-month assessment of Pain Management in the Army MEDCOM and DoD revealed the following:

- *Military medicine is meeting current standards of care*
- *Many best practices that should be replicated across organizations*
- *“Unwarranted variation” in pain management orientation, capabilities, and practice*

Army Surgeon General has directed U.S. Army MEDCOM to operationalize Pain Task Force recommendations into a Pain Management Campaign Plan



U.S. Army MEDCOM Pain Management Campaign





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“...comprehensive pain care is not consistently provided on a uniform basis throughout the systems to all patients in need of such care.”

» from proposed 2008 Military Pain Care Act



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Troops reportedly popping more painkillers

Posted 5h 8m ago | Comments [20](#) | Recommend [2](#)[E-mail](#) | [Save](#) | [Print](#) | [Reprints & Permissions](#) | [RSS](#)By [Gregg Zoroya](#), USA TODAY

WASHINGTON — Narcotic pain-relief prescriptions for injured U.S. troops have jumped from 30,000 a month to 50,000 since the Iraq war began, raising concerns about the drugs' potential abuse and addiction, says a leading Army pain expert.

The sharp rise in outpatient prescriptions paid for by the government suggests doctors rely too heavily on narcotics, says Army Col. Chester "Trip" Buckenmaier III, of Walter Reed Army Medical Center in Washington.

By 2005, two years into the war, narcotic painkillers were the most abused drug in the military, according to a survey that year of 16,146 servicemembers.

MORE: [Prescription drug abuse hits Mo. Army unit hard](#)

Among Army soldiers, 4% surveyed in 2005 admitted abusing prescription narcotics in the previous 30 days, with 10% doing so in the last 12 months. Researchers said the results may have been skewed by respondents mistakenly referring to legal use of pain medication. A 2008 survey has not been released.

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"You don't have to throw narcotics at people to start managing pain," says Buckenmaier, who pioneered technology that eases the pain of wounded soldiers.



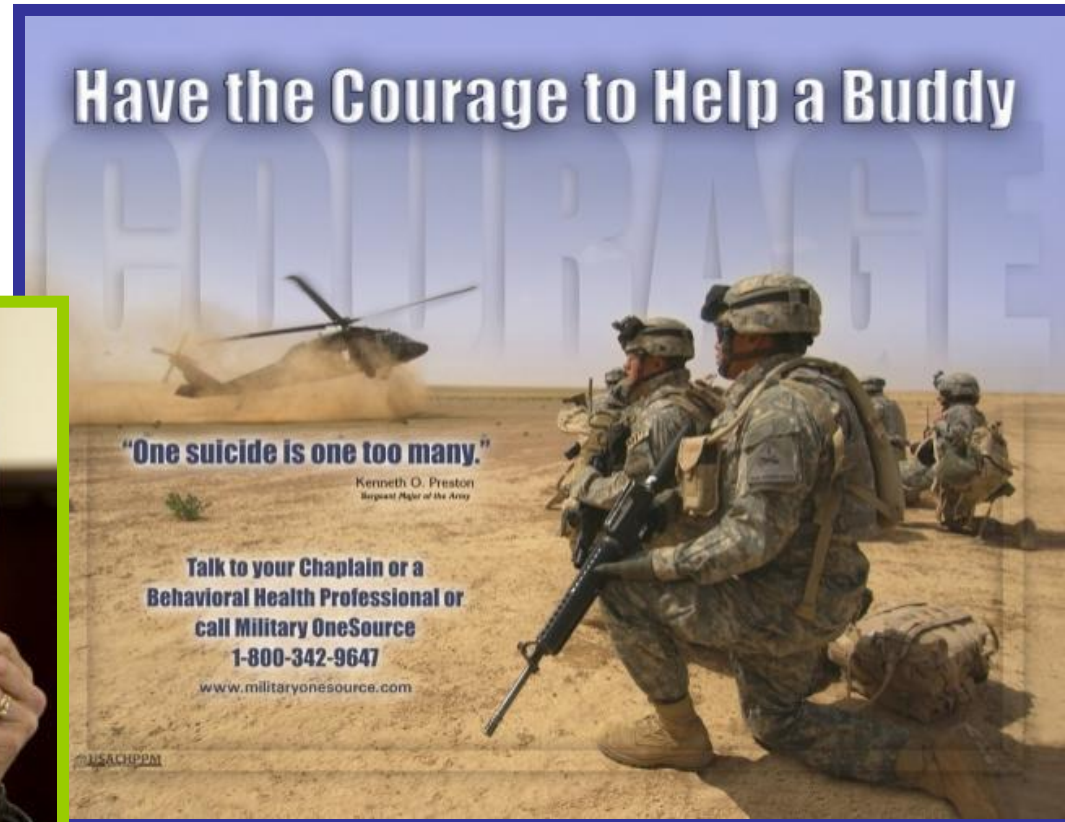
Other ways to share:



What's this?



Soldier Suicides





Army Family Action Plan January 2009 Conference

AFAP Recommendation: Authorize and implement a comprehensive strategy that manages pain and optimizes function. Include alternative therapies and provider and patient education

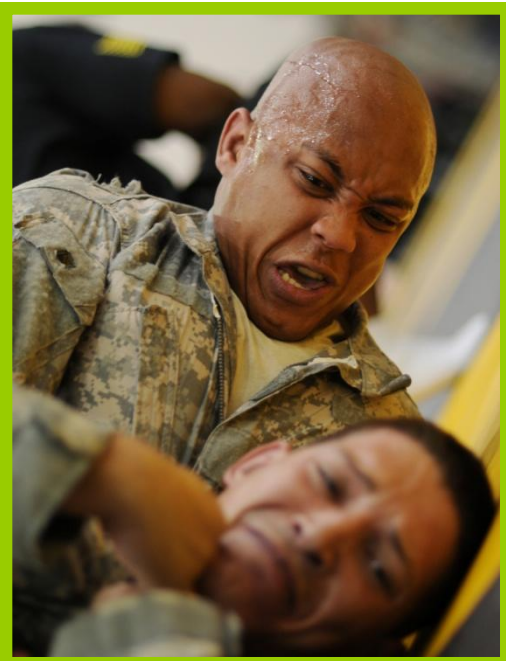


Army Family Action Plan





Readiness Component of Pain Management





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Legislation: NDAA 2010 Sec 7-11

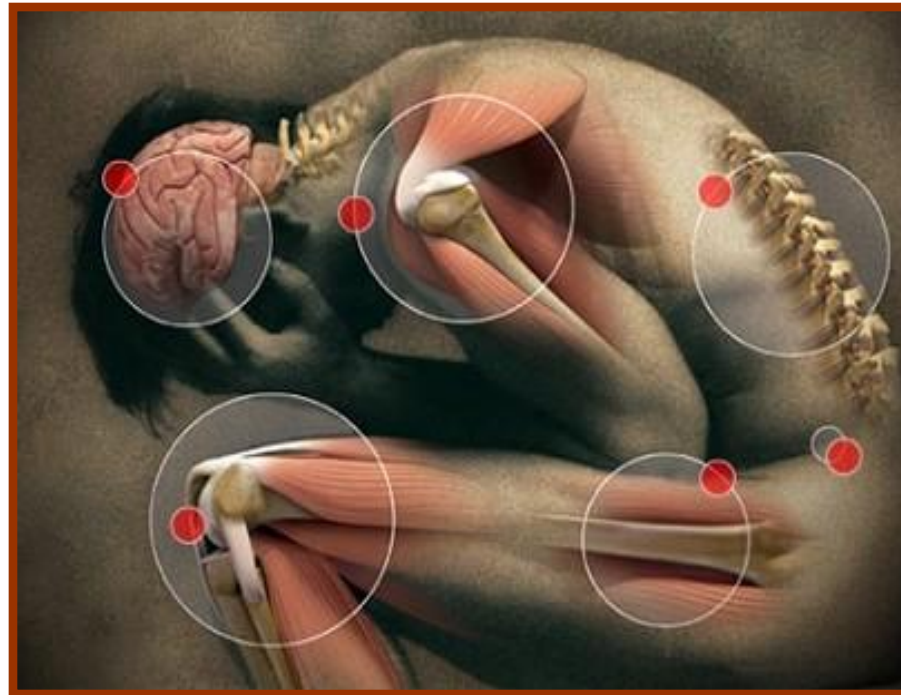




Task Force Mission

To provide recommendations for a MEDCOM **comprehensive pain management strategy** that is **holistic**, **multidisciplinary**, and **multimodal** in its approach, utilizes **state of the art/science** modalities and technologies, and provides **optimal quality of life** for **Soldiers and other patients** with acute and chronic pain.

» *from Army Pain Management Task Force Charter; signed 21 Aug 2009*





Task Force Process

- TSG appointed BG Richard Thomas, Assistant Surgeon General for Force Projection, as the TF Chairperson
- Air Force, Navy, and Veterans Health Administration appointed TF representatives

•TASK FORCE MEMBERSHIP

| Commands | | |
|----------------------|----------------------------|---------------------|
| Army Reserve | National Guard | ASA (M&RA) |
| TMA/Health Affairs | Warrior Transition Command | MRMC |
| Clinical Specialties | | |
| Behavioral Health | Case Management | Integrated Medicine |
| Nursing | Occupational Therapy | Pain Management |
| Pharmacy | Physical Therapy | PM&R |
| Primary Care | Social Work | Family Medicine |

- TF conducted site visits to 27 medical treatment facilities
 - Included DoD and VHA medical facilities
 - Civilian medicine Centers of Excellence for Pain Management



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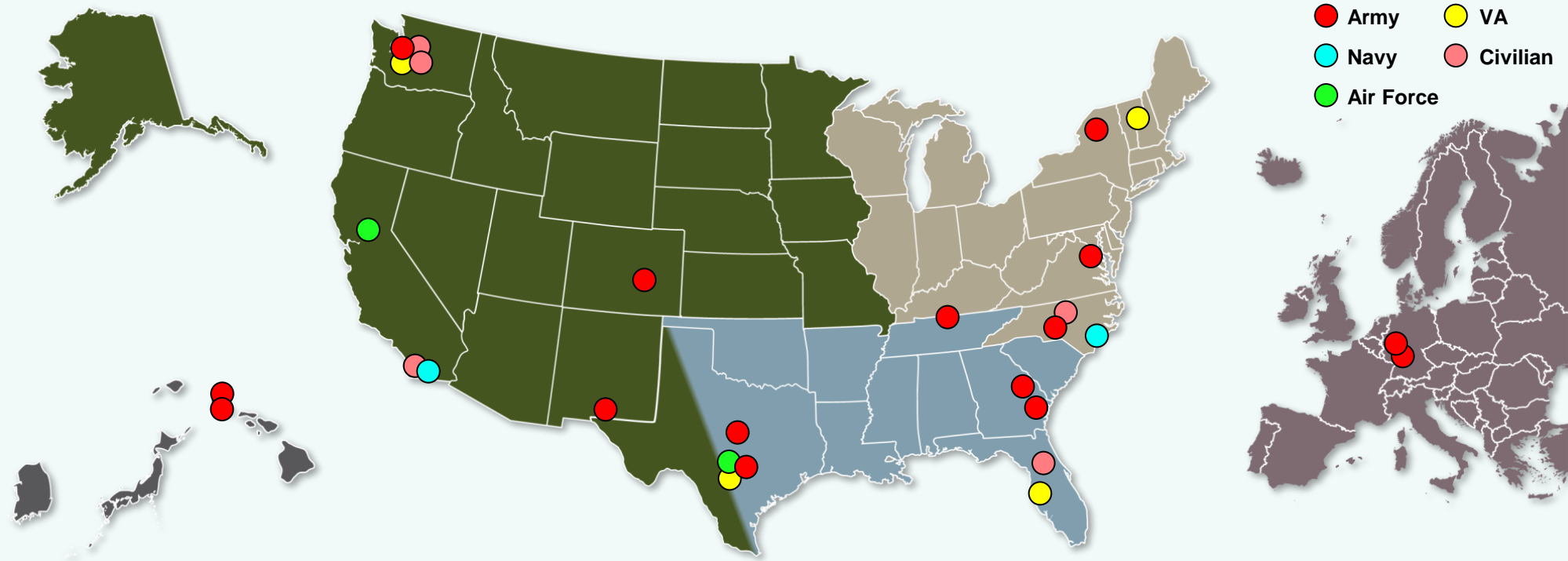


PMTF Site Visit Map

WESTERN Region

NORTHERN Region

- Army
- VA
- Navy
- Civilian
- Air Force



PACIFIC Region

SOUTHERN Region

EUROPEAN Region

- 1 Fort Lewis (MAMC) & Puget Sound VA & Univ of Washington & Swedish Hospital
- 2 Fort Drum (GAHC)
- 3 San Antonio VA, & Wilford Hall & Fort Sam Houston (BAMC)

- 4 Fort Carson (EACH)
- 5 Fort Bliss (WBAMC) & Fort Hood (CRDAMC)
- 6 Tampa VA & Univ of Florida
- 7 Balboa Naval Hospital) & Travis AFB & Scripps Center

- 8 Landstuhl (LRMC) & Baumholder AHC
- 9 Duke Univ & Camp Lejeune & Fort Bragg (WAMC)
- 10 Fort Campbell (BACH)

- 11 Honolulu (TAMC) & Schofield Barracks
- 12 Fort Gordon (DDEAMC) & Fort Stewart (WACH)
- 13 White River Junction VA
- 14 Walter Reed (WRAMC)



TF Site Visit Findings

BEST PRACTICES

- Integrated Pain Center (TAMC and Balboa NMC)
- Acute Pain Medicine (WRAMC)
- Interventional Pain Medicine (MEDCENS)
- WTU Medication Policies/Initiatives
 - Sole Provider
 - Medication Reconciliation (Ft Campbell, Baumholder, Ft Bragg)
 - WTU Pharmacist (Ft Bliss, Ft Hood, Ft Carson)
 - Embed Pain Mgt Resources in WTU (WRAMC, Ft Bragg)

EDUCATION

- **Primary Care Providers feel they are ill-prepared to handle “pain patients”** and look to move them to specialty care ASAP
- **Lack of common orientation to pain** among medical staff
 - Taxonomy
 - Practice
- Lack of common orientation to pain among Patients

RESEARCH

- Need to improve translational research for pain management
- Current research not fully leveraging the interest/capabilities power of clinicians in research
- We are not able to track sufficient “actionable” pain data for our patients

RESOURCES

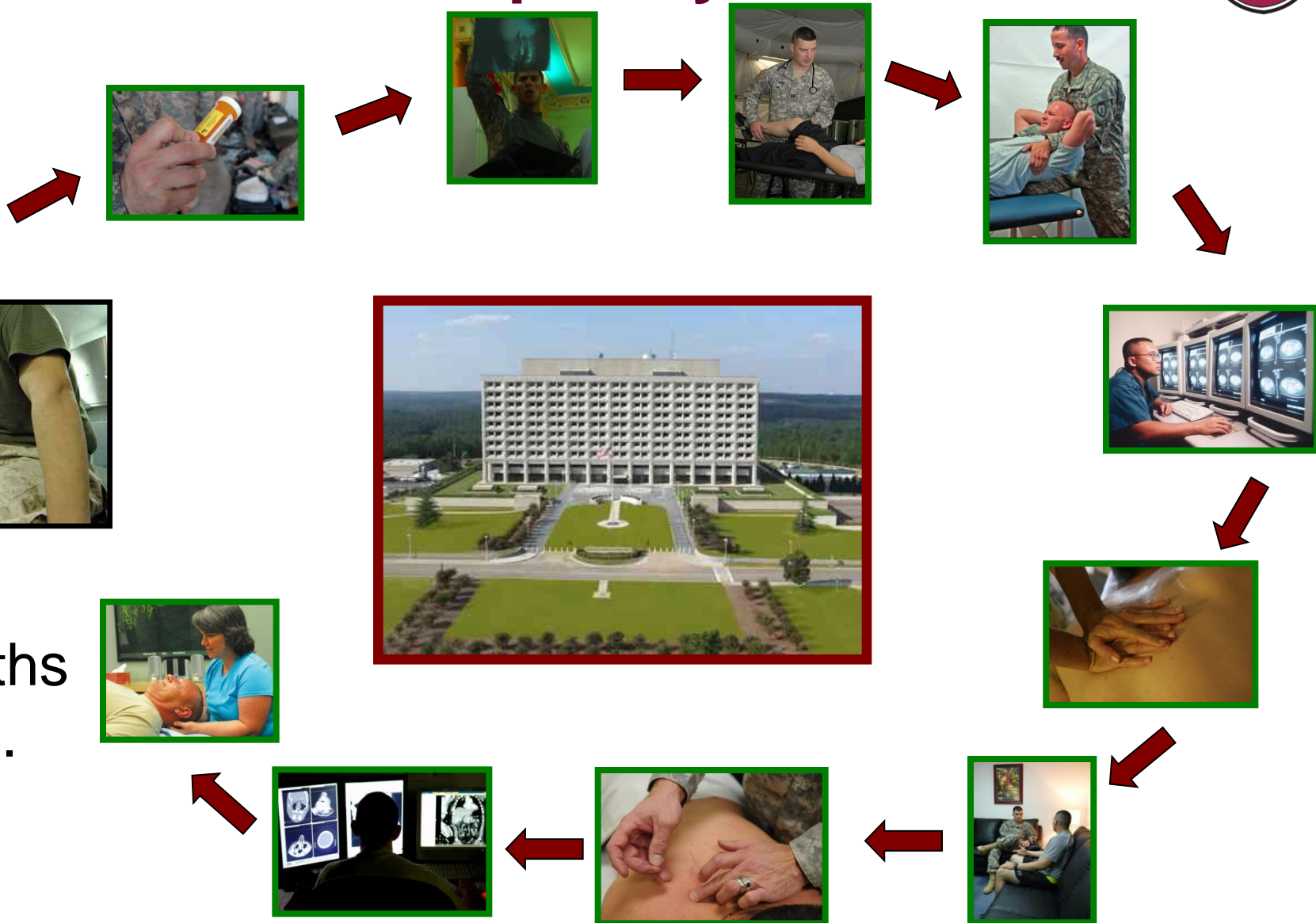
- Many Providers not aware of Clinical Practice Guidelines for pain management
- Clinical Practice Guidelines are not “user friendly”
- MEDCOM not fully leveraging IM/IT capabilities to influence/optimize pain mgt practice
- Need improved pain assessment tool
- The perception of working in a system that asks for “A” (quality/satisfaction) but rewards “B” (productivity)

CAPABILITIES

- **Lack of predictable pain management capabilities across our MTFs**
- Lack of standardization not unique to MEDCOM or DoD
- **Lack of non-medication modalities** for pain mgt
- Overwhelming majority of Providers not satisfied with pain management care received in network



Multidisciplinary Care





U.S. Army MEDCOM Pain Management Campaign



PRIMARY
CARE



TASK FORCE REPORT



TF Final

Office of The Army Surgeon General



Pain Management Task Force

Final Report
May 2010

Providing a Standardized DoD and VHA Vision and
Approach to Pain Management to Optimize the Care for
Warriors and their Families



FOUO
For Official Use Only

TF Final

Task force: Time to move beyond narcotics for pain relief

By Gina Cavallaro
gcavallaro@militarytimes.com

Morpheus, the ancient Greek god of dreams, is no stranger to wounded troops, though they may know him better by his clinical name, "morphine," one of the most common narcotics prescribed for acute and chronic pain.

Morphine and other drugs like it are effective pain management aids, but they represent only a fraction of alternatives — and "the

force's chief of staff. Instead, "what we found were pockets of excellence all over the place."

Ideally, he said, those best practices will be captured and resourced uniformly so every patient receives the same of care under a plan. Recently, the Army

the nerve to an entire leg or blocked using a catheter was first ad years ago



Acupuncture is one method of relieving pain that the Army is considering as an alternative to medications.

DEFENSE DEPARTMENT

can keep people on the field. A blis- rain, a small problem and then with-

Date: August 17, 2010
JIEDDO Assists with the Joint U.S. Military Pain Management Task Force
FOR IMMEDIATE RELEASE

WASHINGTON, D.C. -- New pain relief measures are making soldiers helping soldiers recover from traumatic injuries resulting from in-

The Joint Improvised Explosive Device Defeat Organization, Surgeon General's Office, funded and provided equipment regional and limb pain management designed to make a so-

'The Warrior Pose': Army considers yoga to treat Soldiers' pain

Overreliance, abuse of prescription drugs leads to alternative treatment

By Lisa R. Rhodes
Staff Writer

Posted 8/12/10



Sgt. 1st Class [Name] was created last year to examine how the military treats wound medication for consequence of the wars in Iraq and Afghanistan — and develop experiences for it.

But for a few months, he attended yoga at the Warrior Transition Center. A member of the Warrior Transition Ambulatory Care, the practice so-



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Report: Military's pain relief programs fall short

Posted 8/23/2010 6:51 PM | Comments 6 | Recommend 2

Army surgeon general
Lt. Gen. Eric
Schoomaker



By Gregg Zoroya, USA TODAY

WASHINGTON — The military's failure to provide consistent and coordinated pain relief to troops contributes to suicides, prescription drug abuse and aggravates cases of mental illness and brain injury, according to an Army task force investigation.

Prescribing doctors rely too often on narcotic pain relievers, while a "no pain, no gain" military culture encourages troops to ignore injuries until discomfort becomes chronic, says the 169-page task force report released Wednesday.

But for a few months, he attended yoga at the Warrior Transition Center. A member of the Warrior Transition Ambulatory Care, the practice so-

Army surgeon general

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U.S.

Man

Campa



November 16, 2010

Lieutenant General Eric B. Schoomaker, MD, PhD
Office of the Surgeon General of the Army
Department of Defense
HQDA

Dear Lieutenant General Schoomaker,

It is my pleasure to inform you of the American Academy of Pain Medicine's (AAPM) decision to award you with a Presidential Commendation, in recognition of your extraordinary wisdom in chartering the Army Pain Management Task Force to thoroughly evaluate pain management in the United States Army Medical Command, by making recommendations for a comprehensive pain management strategy for our warriors in the field, in all military treatment facilities and in the Veterans Health System, and supporting necessary research and education to accomplish these tasks.

The Academy would like to formally present you with this award at its upcoming Annual Meeting in Washington, DC during the AAPM Member's

photos to Carolyn Banks via e-mail at cbanks@aapmmed.org. This information needs to be received for inclusion in the program book, by Tuesday, November 30, 2010.

Congratulations on this well deserved recognition! I look forward to the of seeing you at the upcoming Annual Meeting.

award at its
PM Member's
at the Gaylord
Award Task
leading to
pain for a
treatment
injured
communities.



What it's Not

- Not attempt to “vilify” opioids
- Not picking on Army Medicine
- Not picking on Military Medicine
- Not an indictment on any specialty
- Not an unqualified endorsement of every complementary alternative medicine modality
- Not first step in building a pain “silo” or “empire”



PMTF Report

PMTF Report finalized May 2010

- 109 Recommendations
- Available on Army Medicine website: (<http://www.armymedicine.army.mil/>)

Incorporated strategies for many “pain” related issues

- Polypharmacy
- Soldier Suicides
- Medication Diversion / Abuse
- Substance Abuse

Highlighted requirements for integration/collaboration with other Army and DoD initiatives

- Army Suicide Prevention Task Force/Health Promotion Risk Reduction TF
- Comprehensive Behavioral Health System of Care
- Comprehensive Soldier Fitness
- Defense Centers of Excellence (DCoE)
- Patient Centered Medical Home
- WTC Comprehensive Transition Plan



Pain Mgt Task Force Recommendations

A Standardized DoD and VHA Vision and Approach to Pain Management to Optimize the Care for Warriors and their Families

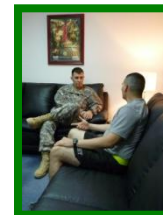
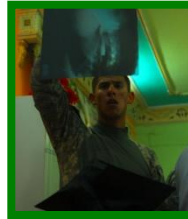
| | |
|---|---|
| 1 | Focus on the Warrior and Family - Sustaining the Force |
| 2 | Synchronize a Culture of Pain Awareness, Education, and Proactive Intervention (Medical Staff, Patients and Leaders) |
| 3 | Provide Tools and Infrastructure that Support and Encourage Practice and Research Advancements in Pain Management |
| 4 | Build a Full Spectrum of Best Practices for the Continuum of Acute and Chronic Pain, Based on a Foundation of Best Available Evidence |



U.S. Army MEDCOM Pain Management Campaign



Integrated, Interdisciplinary Care Patient Centered Care





Prevalence of Chronic Pain, PTSD and TBI in a sample of 340 OEF/OIF veterans with polytrauma

Chronic Pain

N=277

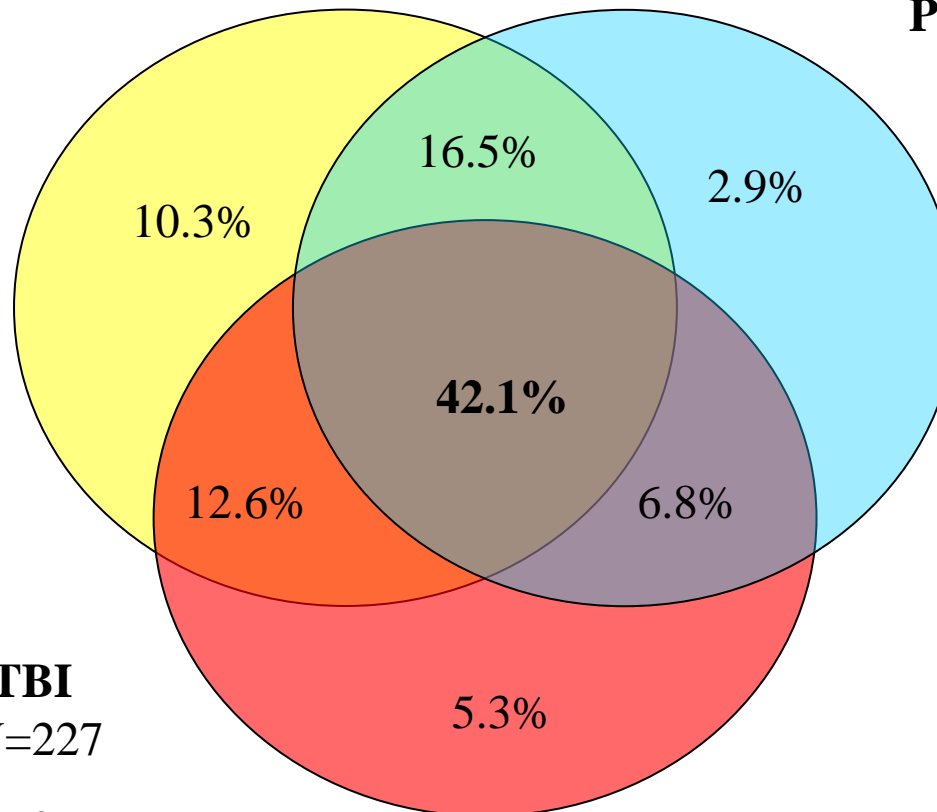
81.5%

PTSD N=232

68.2%

TBI
N=227

66.8%



Lew, Otis, Tun et al., (2009). Prevalence of Chronic Pain, Post-traumatic Stress Disorder and Post-concussive Symptoms in OEF/OIF Veterans: The Polytrauma Clinical Triad. *JRRD*.



Army Comprehensive Pain Management Campaign Plan (CPMCP)



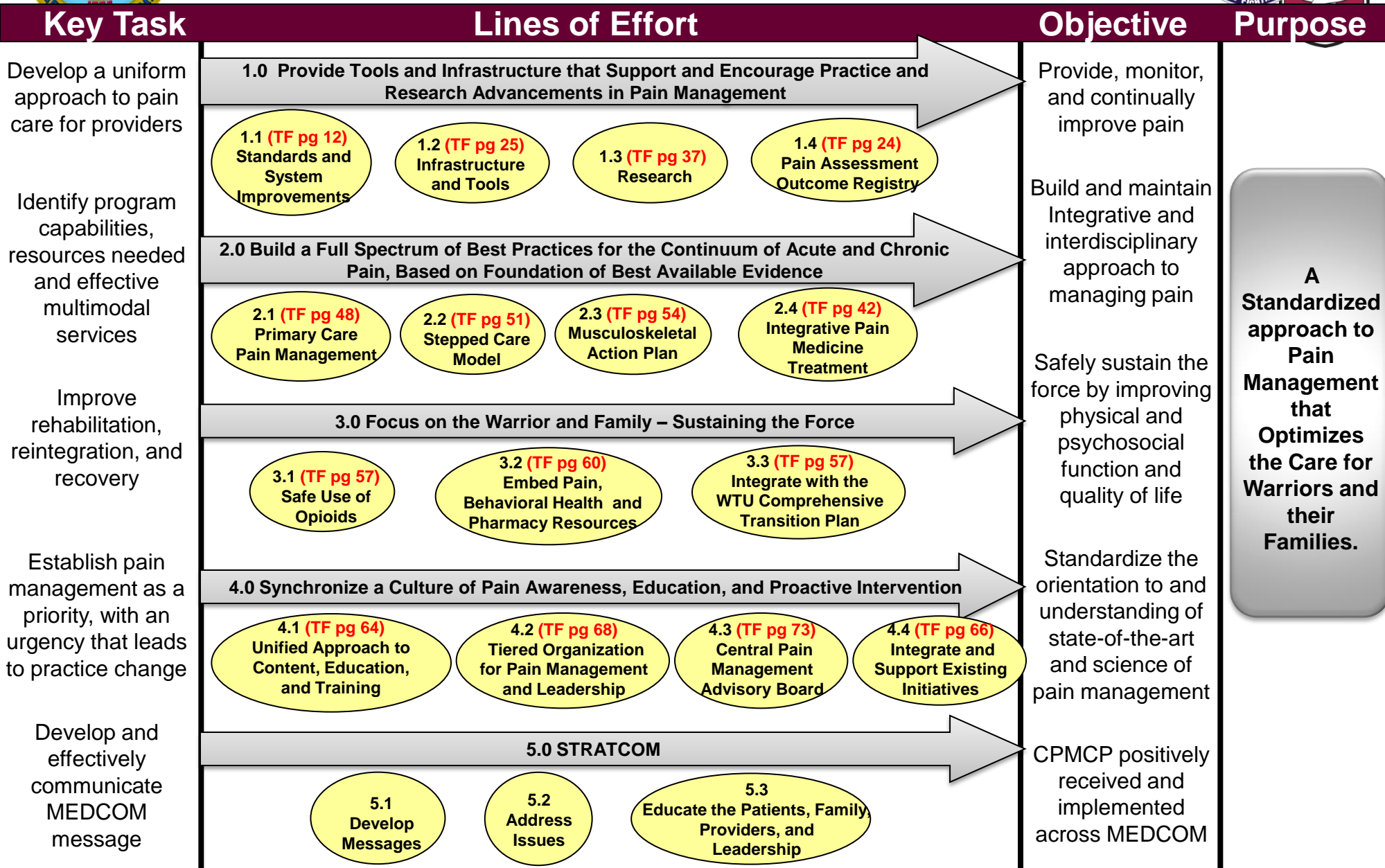
Pain Mgt Task Force Recommendations

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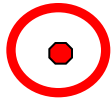




CPMCP Phased Roll out



- Defense and Veterans Pain Management Initiative



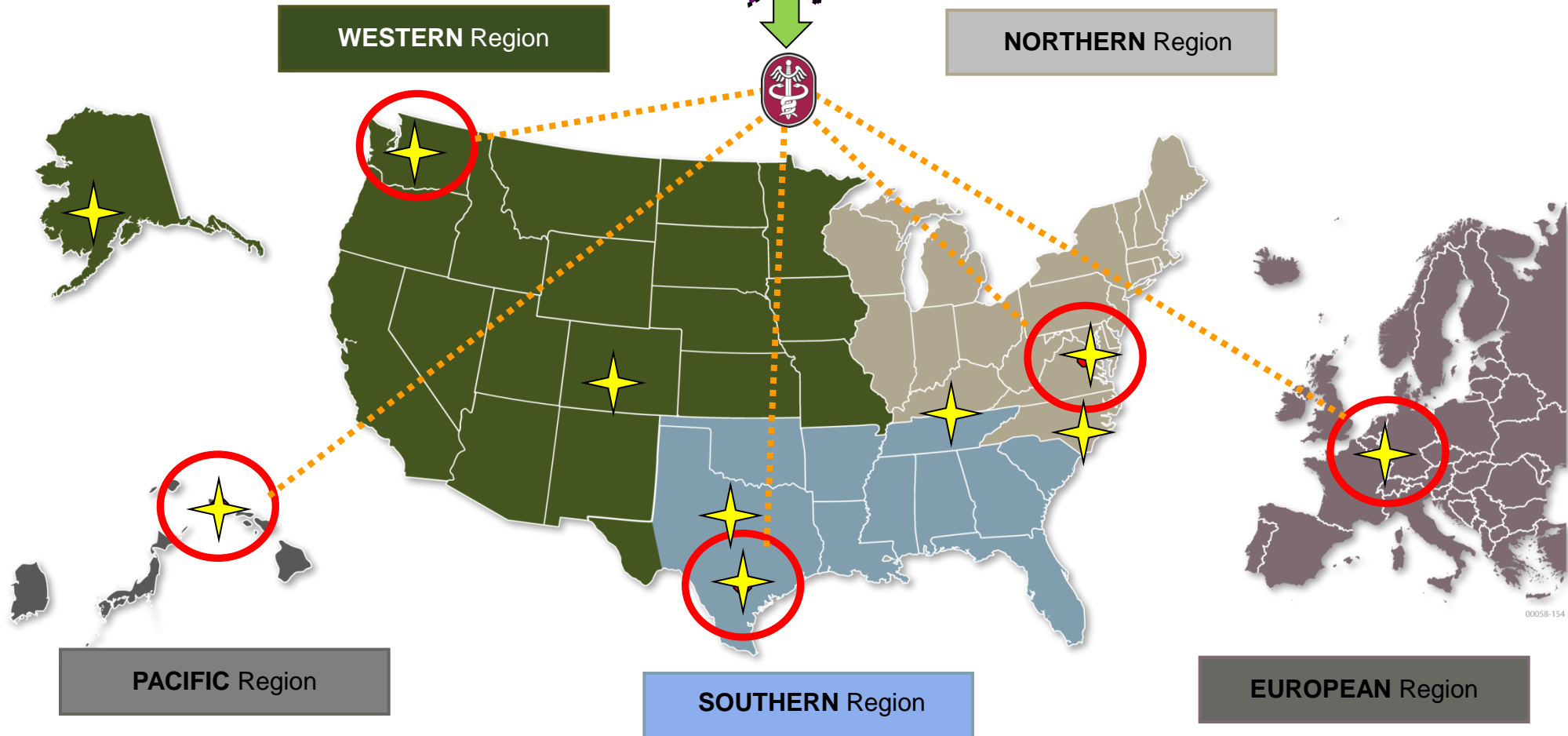
- Regional Pain Hubs



- Quick Win Targets

WESTERN Region

NORTHERN Region



00058-154



Army TSG-directed development of a Comprehensive Pain Management Campaign Plan (CPMCP)

- Starting with Regional Medical Command Pain “hubs”
- Pain Consortia: **Seattle** Washington DC , San Antonio
 - DoD-VHA-Civilian Medicine

Army MEDCOM will continue to support and partner with Air Force, Navy, TMA, and VA to improve MHS pain management and to comply with NDAA requirements

- *HEC directed VA & DoD Pain Management Work Group*
- *Joint Staff Pain Management OIPT*

Requirement for a MHS Pain “Center of Excellence”

- Defense and Veterans Pain Management Initiative (DVPMI)
 - Currently working Tri-Service issues
 - Already producing “wins” for MHS Pain
 - Acute Pain Chest (deployed to level 3 facilities in Theater)
 - SOF Pain Curriculum



SOF Pain Curriculum (Draft)

Regional Nerve Block

- Reference
 - Military Advanced Regional Anesthesia Analgesia (MARAA)
 - <http://www.arapmi.org/maraa-book-project.html>
- Advantages
 - Pain control (hours to days) that personnel to shoot, move, and
- Instruction/Training
 - Equipment
 - Nerve Stimulator, US, Sim
 - Needles, Local Anesthetic
 - Personnel
 - Anesthesiologist/CRNA
 - Time Required (<5days)
 - Didactic, Sim Models,
 - Clinic, OR, MTF, FST
- Complexity/Safety
 - Mild-Moderate
- Clinical Currency
 - Clinic, OR, Sim Models
- Selected Blocks
 - Axillary
 - Femoral
 - Sciatic (2 Approaches)
 - Popliteal
 - Infra-Gluteal

Pain Medication

- Reference
 - Special Operations Forces Handbook, 2nd Nov 2008
 - Chapter 30: Basic Medical Skills: Pain Assessment and Control
 - <http://www.bookstore.gpo.gov/actions/GetPublication.do?stocknumber=008-070-00810-6>
- Advantages
 - Streamlined, standardized, safe primary reference
- Instruction/Training
 - Equipment
 - Handbook
 - Medication
 - Delivery Systems (IVs, pumps, syringes)
 - Personnel
 - Various Medical Personnel (MD, DO, Pharm D., Med)
 - Time Required (<3days)
 - Didactic, Sim Models,
 - Clinic, OR, MTF, FST
 - Complexity
 - Mild-Moderate
- Clinical Currency
 - Clinic, ORs, Sim Models, Equipment Refresher,
 - Written, Computer-based Refreshers/Self-Assessment
- Selected Topics
 - Pain Assessment and therapy choices
 - Opioid and Non-Opioid Medications
 - Intranasal Ketamine
 - Paracetamol
 - AcelRx
 - Ionysys

Auricular Acupuncture

- Reference
 - MARAA Handbook
 - CH 32
 - <http://www.arapmi.org/maraa-book-project.html>
- Advantages
 - Rapid, Portable, Safe
- Primary Instruction
 - Equipment
 - Acupuncture Needles
 - Personnel
 - Acupuncture-trained Medical Personnel
 - Time
 - Extremely Quick
 - Complexity
 - Mild-Moderate
- Clinical Currency
 - Clinic, ORs, Sim Models, Equipment Refresher,
 - Written, Computer-based Refreshers/Self-Assessment
- Five Points
 - 1 Cingulate Gyrus
 - 2 Thalamus
 - 3 Omega-2
 - 4 Point 0
 - 5

Osteopathic Manipulation

- Reference
 - ht
- Adv
- Prin

Resilience Enterprise Program

- Reference
 - http://www.socom.mil/family_readiness
- Advantage
 - Leverages/coordinates existing behavioral programs for enduring operating effectiveness in SOF and their families
- Program Structure
 - Support Locations
 - Combat Stress Units
 - MTFs, satellite clinics
 - Personnel
 - Command psychologists, psychiatrists, and surgeons
 - Time/Measurements
 - Continuous proactive approach
 - "Resilience Metrics"

Resilience / CHAMPS

USU Consortium for Health and Military Performance

- Reference
 - <http://www.usuhs.mil/mem/champ.html>
- Advantage
 - One-stop answer shop for medics, soldiers, and commanders.

Force Health Protection

HPRC



What is your role?



What can you do?

- Read TF Report (at least read the EXSUM)
- Contact us if you are interested in participating at the DoD, or larger Military Medicine level
- Support required organizational changes
 - Individually
 - Within your cohort
 - To your subordinates



Current Challenge

“At every crossway on the road that leads to the future each progressive spirit is opposed by a thousand men appointed to guard the past.”

-Maurice Maeterlinck



U.S. Army MEDCOM Pain Management Campaign





Thank You
